



Ride-Along Application

Instructions: Please complete this application and mail to:		Beloit Police Department, 100 State Street, Beloit, WI 53511		
SECTION 1: RIDE-ALONG APPLICANT INFO	RMATION			
Last Name:		First Name:		MI:
Address:		City:	Zip C	Code:
Home Phone:	Work Phone:		Cell Phone:	
E-Mail Address:				
Date of Birth:	Sex:		Race:	
Briefly Explain Your Interest in the Ride-Ald	ong Program			
Day Preferred:	Shift Preferred:	☐ 6AM – 3PM	2PM – 11PM	10PM – 7AM
SECTION 2: WAIVER OF LIABILITY				
In consideration of being permitted to ride Beloit Police Department on any call, I INDEMNIFICATION AGREEMENT.				
Signature:			Date:	:
Parent/Guardian Signature (required if und	er 18):		Date	:
SECTION 3: TO BE COMPLETED BY DEPAR	TMENT PERSONNE	iL		
Records Check Completed: Yes			cord CIB	☐ FBI ☐ CCAP
Assigned Officer:	Date:	Shift:	Hours	:
Comments:				





Ride-Along Release, Waiver of Liability and Indemnification Agreement - Adult

PLEASE READ CAREFULLY BEFORE MAKING A DECISION TO SIGN

In consideration of being permitted to ride in a vehicle owned and operated by the City of Beloit and to accompany officers of the City of Beloit Police Department on a call ("ride-along"), I do hereby release the City of Beloit, its officers, officials, employees, and agents, from any and all liability including but not limited to, damage to or loss of personal property, sickness, injury from whatever source, pecuniary losses, imprisonment, and/or death, which might occur as a result of me being a passenger in a vehicle owned and operated by the City of Beloit or accompanying an officer.

City of Beloit Police Department law enforcement activities may involve exposure to dangerous individuals, traumatic or volatile situations, and/or dangerous weapons. As part of this ride-along opportunity, I understand that I am subjecting myself to certain risks, including serious bodily injury and even death; that these and other risks may be caused by the actions or inactions of myself, the conditions existing at the time, the negligence of the City of Beloit, its employees or others, and that there may be other risks either known or unknown or not foreseen at this time. I fully understand the risks. I also understand that I am solely and fully responsible for my actions. Furthermore, while engaged in such activities I will make safety my primary concern and at all times use and implement proper procedures and precautionary measures. I understand I will be required to wear a department provided bullet proof vest during the ride along.

I understand that my involvement in this activity is entirely voluntary and I freely choose to participate. I agree to conduct myself in a safe and appropriate manner, at all times. I acknowledge that the City of Beloit does not provide any kind of medical coverage for me, should I be injured or killed as a result of participation in this ride-along opportunity.

RELEASE, WAIVER OF LIABILITY AND INDEMNIFICATION

IN CONSIDERATION OF THE OPPORTUNITY TO BE PERMITTED TO RIDE-ALONG IN A VEHICLE OWNED AND OPERATED BY THE CITY OF BELOIT, I HEREBY WAIVE AND RELEASE THE CITY OF BELOIT, ITS EMPLOYEES, OFFICERS, OFFICIALS, AND AGENTS FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, LOSSES OR DAMAGES RESULTING TO MYSELF AS A CONSEQUENCE OF MY PARTICIPATION IN ANY RIDE-ALONG. IN FURTHER CONSIDERATION OF THE OPPORTUNITY TO PARTICIPATE IN ANY RIDE-ALONG, I AGREE TO HOLD HARMLESS, INDEMNIFY, ANSWER AND DEFEND THE CITY OF BELOIT, ITS EMPLOYEES, OFFICERS, OFFICIALS AND AGENTS FROM ANY AND ALL ACTIONS, CAUSES OF ACTION, CLAIMS, AND ANY LIABILITIES, LOSS, DAMAGES OR COSTS WHATSOEVER, KNOWN OR UNKNOWN, WHICH MAY ARISE ON ACCOUNT OF, OR IN ANY WAY BE RELATED TO, MY PARTICIPATION IN THE ACTIVITIES DESCRIBED HEREIN AND MY PARTICIPATION IN ANY RIDE-ALONG.

I acknowledge that I have read this one page release, w understand it.	aiver of liability, and indemnification agreement and I fully			
X				
Signature of Participant	Date Signed			
Printed Name of Participant				
For Department Use Only				
Date of Ride-Along:	Employee:			
Time of Ride-Along:	Approving Supervisor:			





Ride-Along Release, Waiver of Liability and Indemnification Agreement - Minor

PLEASE READ CAREFULLY BEFORE MAKING A DECISION TO SIGN

In consideration of being permitted to ride in a vehicle owned and operated by the City of Beloit and to accompany officers of the City of Beloit Police Department on a call ("ride-along"), I do hereby release the City of Beloit, its officers, officials, employees, and agents, from any and all liability including but not limited to, damage to or loss of personal property, sickness, injury from whatever source, pecuniary losses, imprisonment, and/or death, which might occur as a result of me being a passenger in a vehicle owned and operated by the City of Beloit or accompanying an officer.

City of Beloit Police Department law enforcement activities may involve exposure to dangerous individuals, traumatic or volatile situations, and/or dangerous weapons. As part of this ride-along opportunity, I understand that I am subjecting myself to certain risks, including serious bodily injury and even death; that these and other risks may be caused by the actions or inactions of myself, the conditions existing at the time, the negligence of the City of Beloit, its employees or others, and that there may be other risks either known or unknown or not foreseen at this time. I fully understand the risks. I also understand that I am solely and fully responsible for my actions. Furthermore, while engaged in such activities I will make safety my primary concern and at all times use and implement proper procedures and precautionary measures. I understand I will be required to wear a department provided bullet proof vest during the ride along.

I understand that my involvement in this activity is entirely voluntary and I freely choose to participate. I agree to conduct myself in a safe and appropriate manner, at all times. I acknowledge that the City of Beloit does not provide any kind of medical coverage for me, should I be injured or killed as a result of participation in this ride-along opportunity.

RELEASE, WAIVER OF LIABILITY AND INDEMNIFICATION					
IN CONSIDERATION OF,	A MINOR, BEING PERMITTED TO RIDE-ALONG IN A VEHICLE				
OWNED AND OPERATED BY THE CITY OF BELOIT, I, INDIVIDUALLY AND AS A PARENT AND LEGAL GUARDIAN OF SAID					
MINOR, HEREBY WAIVE AND RELEASE THE CITY OF BELOIT, ITS EMPLOYEES, OFFICERS, OFFICIALS, AND AGENTS FROM					
ANY AND ALL LIABILITY, CLAIMS, DEMANDS, LOSSES OR	DAMAGES RESULTING TO THE ABOVE-NAMED MINOR AS A				
CONSEQUENCE OF THE ABOVE-NAMED MINOR'S PARTICIP	PATION IN ANY RIDE-ALONG. IN FURTHER CONSIDERATION OF				
THE OPPORTUNITY TO PARTICIPATE IN ANY RIDE-ALONG	, THE ABOVE-NAMED MINOR AGREES TO HOLD HARMLESS,				
INDEMNIFY, ANSWER AND DEFEND THE CITY OF BELOIT, ITS EMPLOYEES, OFFICERS, OFFICIALS AND AGENTS FROM ANY					
AND ALL ACTIONS, CAUSES OF ACTION, CLAIMS, AND ANY LIABILITIES, LOSS, DAMAGES OR COSTS WHATSOEVER,					
KNOWN OR UNKNOWN, WHICH MAY ARISE ON ACCOUNT OF, OR IN ANY WAY BE RELATED TO, THE ABOVE-NAMED					
MINOR'S PARTICIPATION IN THE ACTIVITIES DESCRIBED HEREIN AND THE ABOVE-NAMED MINOR'S PARTICIPATION IN					
ANY RIDE-ALONG.					
I acknowledge that I have read this one page release, w	vaiver of liability, and indemnification agreement and I fully				
understand it.					
X	X				
Signature of Parent/Legal Guardian Date Signed	Signature of Participant Date Signed				
Printed Name of Parent/Legal Guardian	Printed Name of Participant				
For Department Use Only					
Pate of Ride-Along:	Employee:				
ime of Ride-Along:	Approving Supervisor:				



